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<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin-top: 10px;">(to be used for all correspondence after initial filing)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>10/571,214-Conf. #2216</td> </tr> <tr> <td>Filing Date</td> <td>March 9, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>John Madocks</td> </tr> <tr> <td>Art Unit</td> <td>1795</td> </tr> <tr> <td>Examiner Name</td> <td>M. A. Band</td> </tr> <tr> <td>Attorney Docket Number</td> <td>GPI-11602/38</td> </tr> </table>	Application Number	10/571,214-Conf. #2216	Filing Date	March 9, 2006	First Named Inventor	John Madocks	Art Unit	1795	Examiner Name	M. A. Band	Attorney Docket Number	GPI-11602/38
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Examiner Name	M. A. Band												
Attorney Docket Number	GPI-11602/38												
Total Number of Pages in This Submission	24												

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) </div> <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <div style="margin-left: 20px;"> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 </div>	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="margin-left: 40px;"> <input type="checkbox"/> Landscape Table on CD </div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Summary of Record of Interview
<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px; float: left;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C.		
Signature	/Avery N. Goldstein, Ph.D./		
Printed name	Avery N. Goldstein, Ph.D.		
Date	October 20, 2010	Reg. No.	39,204